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BORDER RURAL DISTRICT COUNCIL



ANNUAL REPORT

of the

MEDICAL OFFICER OF HEALTH

and

CHIEF SANITARY INSPECTOR

FOR THE YEAR

1953

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HEALTH DEPARTMENT STAFF, 1953.

K. J. THOMSON, M.B., Ch.B., D.P.H., L.M., Medical Officer of Health and Assistant County Medical Officer.

J. S. WATSON, M.B.E., Cert. R.S.I., Meat and Food Inspector's Certificate. Chief Sanitary Inspector and Housing Officer.

J. Hill, Cert. S.I.J.B., Meat and Food Inspector's Certificate. Deputy Chief Sanitary Inspector.

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A. B. THOMSON, Trainee Sanitary Inspector.

BORDER RURAL DISTRICT COUNCIL.

5 Victoria Place,
Carlisle.

July, 1954.

To the Chairman and Members of the Border Rural District Council.

Mr. Chairman, Ladies and Gentlemen,

I beg to submit my Annual Report on the health of the district for 1953.

The population of the area, as estimated by the Registrar General, was 30,070, showing a decrease of 130 over 1952.

The Birth Rate at 14.1 was the same as the previous year, and compared with a rate of 15.5 for England and Wales. The "corrected" rate, i.e. after applying the comparability factor of 1.07, gives a rate of 15.1 and is the more accurate figure for comparative purposes. The Birth Rate has been tending to fall for the past few years.

The Death Rate of 12.5 showed a disappointing rise over the record low figure of 10.7 in 1952 and compared with the rate of 11.4 for England and Wales.

This considerable rise over the previous year's rate is easily explained, being due to the fact that all deaths occurring in Garlands Hospital were considered as Border deaths. Prior to 1st January, 1953, only deaths of those patients previously resident in the Border area were counted as Border deaths, all others being transferred to the areas from which they were admitted. I have referred to this question of 'transferability' of deaths more fully within the report but it is interesting to note, that had the old system of transfer of deaths been in operation during 1953, the Death Rate would have been 10.5 — a new low record.

The Infantile Mortality rate of 18.8 was considerably lower than the 1952 figure of 28.2 and compared very favourably with the figure of 26.8 for England and Wales. Only once previously has this figure been lower, namely 17.6 in 1951.

While it is pleasing to report such a low Infantile Mortality Rate, one must view it with guarded optimism as considerable fluctuations are inevitable from year to year.

The Maternal Mortality rate of 4.6 per 1,000 total births was very high as compared with the rate of 0.76 for England and Wales. Fuller reference to this is made under the appropriate heading.

Infectious Diseases Notifications showed a considerable increase over the previous year, due almost entirely to a Measles epidemic in the first half of the year. There was also an increase of Poliomyelitis cases, due to an outbreak in and around Carlisle City.

The policy of regular sampling and supervision of public water supplies was maintained and two supplies had chlorination plants installed for the first time.

It is disappointing to report that only one of the sewerage schemes planned for the future was completed during the year, viz. Crosby-on-Eden.

The Council is aware that many of the smaller villages in the area require the installation of proper sewerage systems but unfortunately they have not been able to proceed with these improvements owing to Ministerial embargo on financial grounds.

Details of housing progress and matters relating thereto are contained in the report of the Chief Sanitary Inspector and Housing Officer.

I would express my sincere thanks to all members of the Health Department and to other members of the Council Staff, for their willing help and co-operation during the year.

My thanks are also due to the Chairman and Members of the Council for their unfailing interest and support.

I am,

Your obedient Servant,

K. J. THOMSON,

Medical Officer of Health.

STATISTICS AND SOCIAL CONDITIONS OF THE AREA.

Area of District in acres	...	...	248,860
Registrar General's Estimate of resident population	...	...	30,070
Number of Inhabited Houses according to Rate Books, 1/11/53	...	...	7,909
Rateable Value, 1/4/53	...	...	£176,756
Sum represented by a penny rate	...	...	£725

There has been a slight fall in the population as compared with the figure of 30,200 in 1952.

The district continues to be mainly an agricultural and dairy farming one. The other industries remain as described in previous reports and to my knowledge no new type of work was introduced during the year. Many people continue to be employed in the R.A.F. Maintenance Unit and Army Depots within the area.

There has fortunately been no unemployment problem during the year.

VITAL STATISTICS.

Births:

(a)	Live Births		Males	Females	Total
	Legitimate	...	216	196	412
	Illegitimate	...	4	9	13
			<hr/>	<hr/>	<hr/>
			220	205	425

Birth Rate per 1,000 of estimated population 14.1

(b)	Still Births		Males	Females	Total
	Legitimate	...	6	6	12
	Illegitimate	...	1	—	1
	Rate per 1,000 of total births		29.7		

Deaths:

Deaths:	Males	Females	Total
Deaths: (all ages) ...	193	184	377
Death Rate per 1,000 of population			12.5
Deaths from Puerperal causes	—	—	2

Deaths from other

Maternal causes ... — — —

Maternal mortality rate per 1,000 total births 4.6

Death Rate of Infants under 1 year of Age:

All infants per 1,000 live births 18.8

There were no deaths of illegitimate infants.

Deaths from:

Cancer ... 38

Measles ... —

Whooping Cough ... —

Diarrhoea (under 2 years of age) ... —

The following table showing the Vital Statistics for England and Wales and certain Groups in the County of Cumberland for the year 1953 is added for comparison.

1953

	Birth Rate	Crude Death Rate	Infantile Mortality Rate
England and Wales ...	15.5	11.4	26.8
Administrative County of Cumberland	16.7	11.9	27.0
Urban Districts of Cumberland (including Burghs of Workington and Whitehaven) ...	17.5	11.8	30.0
Rural Districts of Cumberland ...	16.2	11.9	24.0
BORDER RURAL DISTRICT ...	14.1	12.5	18.8
BORDER RURAL DISTRICT (corrected) ...	15.1	11.8	18.8

Infantile Mortality.

There were 8 deaths of infants under one year of age during 1953 giving a Mortality Rate of 18.8 per 1000 live births. This figure compares with 28.2 in 1952 and is considerably less than the figure of 26.8 for England and Wales. As pointed out last year, considerable fluctuation can be expected in Infantile Mortality rates when based on small numbers.

The details are as follows :—

1. Boy died at home of Broncho pneumonia, aged 3 months.
2. Girl died at home of Accidental Asphyxiation, aged 4 months.
3. Boy died in Hospital of Birth Injury effect, aged 3 days.
4. Boy died in Hospital of Kernicterus due to Erythoblastosis, aged 6 days.
5. Boy died in Hospital of Aspiration pneumonia and Prematurity, aged 16 hours.
6. Boy died in Hospital of Cerebral Haemorrhage due to Precipitate labour, aged 15 hours.
7. Girl died at home of Aspiration Pneumonia due to Neo-Natal Asphyxia, aged 26 hours.
8. Boy died in Hospital of Broncho Pneumonia, aged 5 months.

It will be noted that 5 babies died within the first week of life and 4 of these died in the Hospital where they were born.

Maternal Mortality.

The Registrar-General records two maternal deaths in the Border area during 1953, giving a Maternal Mortality rate of 4.6 per 1,000 total births. This figure is very high when compared with the rate of 0.76 for England and Wales. I would point out how misleading these rates can appear when based on such small numbers, e.g. one maternal death in the Border area would give a rate of 2.3 or three times the rate for the whole country.

Maternal deaths are always tragic, but I do not know how the lives of these two mothers could have been saved as both died very suddenly of Pulmonary Embolism.

The first case related to a married woman of 26 years who died in Hospital of Pulmonary Embolism following on Thrombosis of Saphenous Vein after delivery of her child.

The second mother also died suddenly in Hospital but as this case was complicated, I give fuller details.

The mother, a married woman of 29 years, died in Garlands Hospital eleven days after admission from Workington Infirmary. She had been admitted from her home in the Wigton Rural area to Workington owing to pre-eclamptic symptoms. Her condition did not improve and as her mental state was also giving rise to some anxiety, termination of the pregnancy by Caesarean section was carried out. It was found necessary to transfer her to Garlands Hospital a week after delivery for special treatment. This treatment had in fact been completed, and the patient was being allowed up for short periods when she died very suddenly of Pulmonary Embolism.

In view of the circumstances, it seems hardly correct to consider this a Maternal Death in the Border Rural District. Under new rules, however, all deaths occurring in Garlands Hospital since 1953 are considered "Non-transferable." This question of "transferability" is discussed in greater detail under the heading "Deaths from all causes."

Cancer Mortality.

The Register-General's table shows that there were 38 deaths from Cancer (including Leukaemia) in 1953; 17 males and 21 females. This represents a rate of 1.26 per 1000 of the population and is just over 10% of the total deaths.

These figures are the lowest recorded for the past 11 years although throughout the Country, Cancer deaths have been on the increase during the same period. It was pointed out last year that Cancer Mortality for the Border district was below that of the Country generally but considerable variation in rates per 1000 must be expected where we are still dealing with small numbers.

It will be noted from the table below, compiled from my own records, that there were in fact 18 male deaths and 20 female deaths from Cancer.

The average age at death for Males was 69.9 years while that of females was 69.4 years.

LOCATION OF DISEASE						Males	Females
Alimentary System.							
Tongue	...	...	...	...	...	1	—
Stomach	...	...	...	...	...	5	2
Gall Bladder and Bile Duct	...	...	...	...	...	—	2
Pancreas	...	...	...	...	...	3	—
Caecum	...	...	...	...	...	—	1
Colon and Rectum	...	...	...	...	...	5	4
Reproductive System.							
Breast	...	...	...	...	...	—	3
Uterus	...	...	...	...	...	—	1
Ovary	...	...	...	...	...	—	3
Prostate	...	...	...	...	...	2	—
Respiratory System.							
Larynx	...	...	...	...	...	—	1
Lung	...	...	...	...	...	1	—
Other Sites	...	...	...	...	...	1	3
						—	—
						18	20
						—	—

Deaths from All Causes.

The total deaths showed a very considerable increase over the previous year, 377 compared with 322 in 1952. This represents an increase of 17% and of course is reflected in the increased Death Rate of 12.5, as against the low record of 10.7 per 1000 of the population in 1952.

The reason for this increased rate is simple and does not necessarily mean that living in the Border District is more hazardous than before.

Prior to 1953, all deaths occurring in hospitals and institutions were transferable to the districts in which the deceased had resided prior to admission. From January, 1953, however, the Registrar General decided that only deaths occurring in certain types of hospitals

and institutions could be so transferred. The only large hospital in the Border District is Garlands, but there are several smaller institutions or homes for the elderly and young, and deaths in all these institutions ceased to be transferable in accordance with the new ruling.

Of the 377 notified deaths, no less than 72 occurred in Garlands, and of this number, only 10 referred to patients who previously resided in the Border area. In other words, had the old rules re transferability still been in force, 62 fewer deaths would have been recorded. If therefore, the Death Rate for 1953 had been calculated on a total deaths figure of 315 (377-62) the rate would have been 10.5 instead of 12.5

While realising that the Registrar General's object is to procure a more accurate assessment of the Vital Statistics, based on usual residence, this new ruling can distort the Death Rates in Rural Areas with small total populations, in which large mental hospitals and institutions are situated.

I would point out that deaths occurring in General, Maternity, Special Hospitals, Sanatoria, Convalescent and Nursing Homes, are all transferable to the districts of usual residence. This, of course, is understandable and reasonable.

Increasing numbers of patients are admitted to Mental Hospitals on a voluntary or temporary basis, with the expectation of a cure and return to their own homes. Others, again, die within a few days or weeks of admission. In 1953, 25 of the Garlands' total of 72 deaths were admitted as voluntary or temporary patients; 10 died within two days of admission, and 22 within three months.

My contention is that deaths of voluntary patients and of those occurring within 3 months of admission should be considered transferable. Accordingly I submitted this proposal to the Registrar General, but was informed that such classification was impracticable and that in hospitals where the average duration

of stay of patients was more than six months in two successive years, such institutions were considered "non-transferable." According to the Ministry of Health's published figures for 1950 and 51, the average stay in Garlands worked out at $2\frac{1}{2}$ years and therefore the new ruling must apply.

As in previous years, diseases of the Heart and Circulatory System accounted for the greatest number of deaths, a total of 184, representing 48.8% of all deaths. This figure shows a considerable increase over the previous year when the percentage was 42.5%, and is higher than for the Country generally.

One factor is this increase is undoubtedly the inclusion of deaths from Garlands Hospital. On detailed analysis of such deaths, it was found that a larger number were attributable to diseases of the heart and circulatory system as compared with the ordinary population. In point of fact, 45 of the 72 deaths, were certified under this heading, equal to 62.5% of all deaths in Garlands.

Vascular lesions of the Nervous System, i.e. Cerebral Haemorrhage and Thrombosis, caused 56 deaths, equal to 14.9% of all deaths. This figure is somewhat lower than last year but approximates to the general rate for the country.

As already indicated, Cancer deaths totalled 38, equal to 10% of all deaths, showing a decrease on the figures for 1952. I would point out here that only 5.5% of Garlands' deaths were due to cancer.

Diseases of the Respiratory System, excluding Tuberculosis, accounted for 21 deaths, equal to 5.6% of all deaths. This is substantially the same as for last year, and about half the rate for the Country as a whole.

Deaths from Motor Vehicle Accidents were only three showing a decrease, while deaths from all forms of accidents (14) were practically the same as for last year.

Deaths — All Causes, 1953.

					Male	Female	Total
1.	Tuberculosis (Respiratory)	...	...	...	2	1	3
2.	Tuberculosis (Other)	...	...	...	1	—	1
3.	Syphilitic Disease	...	...	...	—	1	1
4.	Diphtheria	...	...	...	—	—	—
5.	Whooping Cough	...	...	...	—	—	—
6.	Meningococcal Infections	...	...	...	—	—	—
7.	Acute Poliomyelitis	...	...	...	—	1	1
8.	Measles	...	...	...	—	—	—
9.	Other Infective and Parasitic Diseases	...	...	...	1	—	1
10.	Malignant Neoplasm — Stomach	...	...	...	5	2	7
11.	Malignant Neoplasm — Lung, Bronchus	...	...	...	1	—	1
12.	Malignant Neoplasm — Breast	...	...	...	—	3	3
13.	Malignant Neoplasm — Uterus	...	...	...	—	1	1
14.	Other Malignant and Lymphatic Neoplasms	...	...	...	11	14	25
15.	Leukaemia, Aleukaemia	...	...	...	—	1	1
16.	Diabetes	...	...	...	1	2	3
17.	Vascular Lesions of Nervous Syst.	...	...	...	25	31	56
18.	Coronary Disease, Angina	...	...	...	36	22	58
19.	Hypertension with Heart Disease	...	...	...	4	3	7
20.	Other Heart Disease	...	...	...	48	45	93
21.	Other Circulatory Diseases	...	...	...	8	18	26
22.	Influenza	...	...	...	—	—	—
23.	Pneumonia	...	...	...	5	7	12
24.	Bronchitis	...	...	...	1	5	6
25.	Other Diseases of Respiratory Syst.	...	...	...	3	—	3
26.	Ulcer of Stomach and Duodenum	...	...	...	2	1	3
27.	Gastritis, Enteritis and Diarrhoea	...	...	...	1	1	2
28.	Nephritis and Nephrosis	...	...	...	—	3	3
29.	Hyperplasia of Prostate	...	...	...	4	—	4
30.	Pregnancy, Childbirth, Abortion	...	...	...	—	2	2
31.	Congenital Malformations	...	...	...	—	—	—
32.	Other defined & ill-defined disease	...	...	...	18	16	34
33.	Motor Vehicle Accidents	...	...	...	3	—	3
34.	All other Accidents	...	...	...	9	2	11
35.	Suicide	...	...	...	3	1	4
36.	Homicide and Operations of War	...	...	...	1	1	2
All Causes					193	184	377

GENERAL PROVISION OF HEALTH SERVICES FOR THE AREA.

Laboratory Facilities:

These are provided by the Public Health Laboratory Service at the Cumberland Infirmary under the direction of Dr. J. S. Faulds. Again I would like to thank Dr. Faulds and his staff for their co-operation and advice, given so willingly during the year.

Ambulance Facilities:

There has been no change during the year in the Ambulance facilities for the area. An Ambulance is based at Kirkcubbin while the rest of the Border area is served from Carlisle. In addition, an Infectious Disease Ambulance is based at Longtown Hospital. "Sitting Case" cars are available throughout the whole area.

Nursing in the Home:

The County Council is responsible for the provision of the following services: Health Visitors, District Nurses, Midwives and Home Helps.

The Border area is divided into 12 actual Nursing Districts, and there are 13 District Nurse Midwives working in this area. There is still only 1 Health Visitor for the whole area whose chief function is to attend School and Child Welfare Clinics at Broomfield and Carlisle. She also does a considerable amount of home visiting. There are now 41 names on the roll of Home Helps as compared with 28 in 1952. This service is a very important one and is used to a great extent by elderly people and by households where the mother is temporarily ill at home or in hospital.

Clinics and Treatment Centres:

There are two County Council Clinics in the area: Union Lane, Broomfield and 14 Portland Square, Carlisle.

Clinics are held as follows :

School Clinics	Child Welfare and Immunisation Centres.
Brampton —1st and 3rd Fridays of the month. 10—12 noon.	1st and 3rd Fridays. 2—4 p.m.
Carlisle —2nd and 4th Wednesdays 10—12 noon.	2nd and 4th Wednes- days, 2—4 p.m.

In addition, Eye, Ear, Nose and Throat and Orthopaedic Specialist Clinics are held at 14 Portland Square, Carlisle at regular intervals throughout the year.

Dental Clinics are also held at Brampton, Longtown and Carlisle. .

SANITARY CIRCUMSTANCES OF THE AREA.

Water;

Routine bacteriological examination of the sixteen public water supplies controlled by the Border Council was maintained throughout the year.

A total of 138 samples were taken with results which show considerable improvement over the previous year, e.g. 75% were in the first 2 categories compared with 65% in 1952.

The detailed results were as follows:

Total samples taken	...	138	
Highly Satisfactory	...	100—	} 75%
Satisfactory	... ..	4—	
Suspicious	... ..	16—12%	
Unsatisfactory	...	18—13%	

In addition, two samples were taken for full chemical analysis and both were satisfactory.

I am indebted to Mr. W. Skerry, the Engineer and Surveyor for the following report on Water and Sewerage matters.

Water:

Sampling of the Council's supplies have been maintained. Results generally continue satisfactory although a few doubtful ones have been obtained chiefly as a result of heavy rain during the summer months.

In one case an unsatisfactory result was due to the breakdown temporarily of a chlorination plant, and was quickly repaired.

Improvements and extensions to supplies include the following:—

(1) Banks Water Supply.

Approval and commencement of mains extensions to Low Dovecote.

(2) Crew Feli Supply.

Provision and laying of $6\frac{1}{4}$ miles (out of total of 24 miles) affording supplies to parishes of Asker-ton, Kingwater, Walton, Stapleton, Nicholforest and Solport.

(3) Geltsdale.

Short extension of approximately 1 mile between Three Horse Shoes and Fordlands in parish of Irthington.

(4) Roughton Gill Supply.

Commencement of Phase 1 improvements to replace trunk main from Intake to top of Warnell together with new reservoirs at Rosebank and Cotehill.

(5) Farlam Supply.

Provision and installation of chlorinating plant.

(6) Wetheral Supply.

Provision and installation of chlorinating and chemical plant.

Particulars of Water Supplied.

PARISH	No. of Houses in Parish	By means of public stand pipes			
		Direct to Houses supplied	Houses Popula- tion supplied	No. of Houses supplied	Popula- tion supplied
Arthuret ...	750	730	2,658		
Askerton ...	50	20	67		
**Beaumont ...	126				
Bewcastle ...	155	80	255		
Brampton ...	1,025	919	3,178	28	100
**Burgh-by-Sands	233				
Burtholme ...	75	51	186		
Carlatton ...	9	2	8		
Castle Carrock	98	74	283	3	11
*Cummersdale	199	4	15		
Cumrew ...	23	14	55		
Cumwhitton	102	63	230		
Dalston ...	555	501	1,916	18	65
Denton Nether	96	44	160		
Denton Upper	37	12	58	4	14
Farlam ...	246	238	873		
Geltsdale ...	3	No Supply			
Hayton ...	437	371	1,371	24	87
Hethersgill	142	128	334		
Irthington	215	196	610	6	22
*Kingmoor ...	95	57	250	9	33
Kingwater ...	59	17	62		
Kirkandrews	210	199	730		
Kirklington	92	85	264		
Midgeholme	46	26	121	9	33
Nicholforest	145	53	202		
Orton ...	101	93	324		
*Rockcliffe ...	235	193	696	6	22
*†St. Cuthbert	463	304	1,312	13	46
Scaleby ...	94	89	316		
Solport ...	62	38	137		
*Stanwix ...	358	67	290	8	29
Stapleton ...	82	65	238		
Walton ...	96	61	191	9	33
Waterhead ...	55	4	15		
Westlinton ...	105	109	334		
*Wetheral ...	1,223	934	2,860	23	86

**Parish wholly supplied by the Corporation of Carlisle in their Statutory Area.

*Parishes partly supplied by the Corporation of Carlisle.

†Includes 45 houses still supplied with water although now in City area consequent on review of boundaries.

Sewerage.

- (1) Sewerage facilities completed at Thurstonfield.
- (2) Sewerage and outfall works completed for Dalston.
- (3) Sewerage and outfall works completed for Crosby-on-Eden.

Notifications of Infectious Diseases (Other than Tuberculosis) Age Groups, 1953.

Disease	Under													Over		
	1 year	1—	2—	3—	4—	5—	10—	15—	25—	35—	45—	55—	65—	Total		
Scarlet Fever	...	—	—	1	2	3	20	8	—	—	1	—	—	35		
Measles	...	17	28	48	57	58	170	22	10	4	2	2	1	420		
Whooping Cough	...	3	9	4	9	3	15	—	—	—	—	—	1	44		
Pneumonia	...	—	—	—	—	—	—	—	2	2	—	2	1	5		
Acute Poliomyelitis	...	—	2	—	—	—	3	1	1	3	—	—	—	10		
Dysentery	...	—	—	—	—	1	—	—	—	—	—	—	—	1		
Food Poisoning	...	—	—	—	—	—	1	—	—	1	—	—	—	2		
Puerperal Pyrexia	...	—	—	—	—	—	—	—	—	1	—	—	—	1		
Meningococcal Meningitis	...	—	—	—	—	—	—	—	1	—	—	—	—	1		
Erysipelas	...	—	—	—	—	—	—	—	—	—	—	—	1	1		
TOTALS	...	20	39	53	68	65	209	31	12	11	3	4	3	2 520		

PREVALENCE OF, AND CONTROL OVER INFECTIOUS DISEASES.

The total number of infectious diseases notified during the year showed a considerable increase over the previous year, a total of 520 cases being notified against 163 in 1952. This large increase was due entirely to a Measles epidemic which occurred in the first half of the year when nearly 420 cases were notified. There was one death from Acute Poliomyelitis and 3 deaths from notifiable pneumonia. These were the only deaths recorded from infectious diseases during the year.

Scarlet Fever.

A total of 35 cases was notified compared with 19 in 1952, giving a case rate of 1.16 per 1000 of population, compared with 1.39 for England and Wales. One case only, a boy of 13 years was admitted to the Infectious Diseases Hospital as it was found difficult to isolate him at the Boarding School he attended.

It is interesting to record that localised outbreaks of Scarlet Fever occurred in 2 schools in the area, Burgh-by-Sands and Walton. In the case of Burgh-by-Sands, a virulent carrier was found in the Infant Classroom and several positive carriers presumably infected from this source were later discovered. After exclusion and treatment of these cases with penicillin, further cases ceased. In the case of Walton, it was found necessary to close the School for 10 days. In this School of 31 pupils, 5 cases of Scarlet Fever were notified, and on investigation, 5 further positive carriers were found. Under the circumstances and in agreement with Dr. Fraser, Principal School Medical Officer, it was decided that the School should be closed. I am glad to say that this measure, together with close follow-up of infected cases with insistence on obtaining two consecutive negative swabs before returning to School, proved most effective.

In these days, when Scarlet Fever is not considered a serious disease, one wonders if it is worth while troubling to follow-up all notified cases, and in particular, to carry out any swabbing routine. My experience of the past two years rather indicates that it is, in fact, necessary and advisable to follow-up all notified cases of Scarlet Fever and to see that penicillin is given where swabs show the presence of Haemolytic Streptococci of Group A, C or G sensitive to the drug.

The following incident is very instructive, and I think proves my point in favour of swabbing and follow-up of all Scarlet cases.

On 28.11.53, notifications were received relating to a married woman and her daughter "A" aged 14 years. On enquiry into the history it was found that the daughter first took ill on 10. 11. 53. with sore throat but no rash had been noted. The mother did not complain until 24. 11. 53. and rash was noted on 25. 11. 53. when the doctor was sent for. "A" by this time was desquamating and so both were notified. It was also found, however, that an older daughter of 18 years had suffered from a slight sore throat and fleeting rash during the last week in October. No doctor was called and she was off work for 2 days only. A week after this, i.e. in the first week of November, the baby of the family, aged 17 months developed a running ear and at the date of my visit, 28. 11. 53., still had a profuse ear discharge with a large tender cervical gland. On swabbing the throats of the mother and 2 daughters and the ear of the baby, all were found to be infected with the casual organism of Scarlet Fever. The attending doctor was contacted and all were put on treatment with penicillin and isolated at home. They were kept in isolation until two consecutive negative swabs were obtained from all at the same time. This involved frequent visits to the house until 17.12.53, but I think the extra work entailed was justified.

Measles.

A total of 420 cases was notified during the year and to my knowledge, 3 were admitted to hospital on

account of severity of symptoms. The epidemic was wide spread, the greatest number of cases occurring during January to March, with another smaller flare up in May and June. Only one case was notified after the end of August. The case rate per 1000 of population equalled 13.96 as against 12.36 for the Country as a whole.

Whooping Cough.

There were 44 cases compared with 32 in 1952 giving a rate of 1.46 per 1000 as against 3.58 for the Country. One case only, a child aged 15 months, was admitted to hospital. There has been an increase in use of Whooping Cough Prophylactic Vaccine throughout the Country, but so far, this means of protection has not been introduced into the County Council Clinics. At the present time, it is usual to combine the Whooping Cough inoculation with that of diphtheria, and to give three injections at monthly intervals, and I feel that in the very near future, this practice will become universal.

Pneumonia.

Only 5 cases of pneumonia were notified as against 6 last year. Three of the notified cases died. It will be noted, however, that 12 deaths from pneumonia are recorded in the Registrar General's table of deaths. I would point out that only certain types of pneumonia are notifiable hence apparent discrepancy. The incidence of pneumonia was low being 0.17 per 1000 against 0.84 for England and Wales.

Acute Poliomyelitis.

Ten cases were notified and all were admitted to Hospital for treatment.

The first case, a male child of under 2 years, was notified early in April. He had extensive paralysis of his right shoulder girdle, but I am glad to say made an almost complete recovery.

His sister, aged 5 years, and a close contact, was admitted five days later as a non-paralytic case.

The following table gives details of cases with dates and ages, etc.

	Date	M.	F.	Age (yrs.)	Non-		Degree of Recovery
					Para-lytic.	Para-lytic.	
1.	7.4.53.	+	—	1 11/12	+	—	Very good. Slight shoulder weakness.
2.	8.4.53.	—	+	5	—	+	Complete.
3.	8.6.53.	+	—	30	+	—	Complete.
4.	17.8.53.	+	—	13 10/12	—	+	Complete.
5.	19.8.53.	—	+	34	+	—	Very good. Slight weakness thigh
6.	29.8.53.	—	+	25	+	—	Very good. Slight weakness thigh.
7.	18.9.53.	—	+	9 5/12	—	+	Complete.
8.	1.10.53.	+	—	17	—	+	Complete.
9.	21.10.53.	+	—	1 4/12	+	—	Incomplete. Considerable paralysis still at end of 1953.
10.	24.10.53.	—	+	6	+	—	Died.

Of the 10 notified cases, it will be noted that 6 were paralytic and 4 non-paralytic, the sexes being equally affected.

Four of the paralytic cases made almost complete recoveries, 2 only having slight residual paralysis. Of the remaining 2 paralytic cases, one female child of 6 years died within 24 hours of admission. of respiratory paralysis and the other, a baby boy of 16 months was still under treatment at the end of the year on account of partial paralysis of the lower limbs. This latter child was very ill on admission to hospital having apparent paralysis of all four limbs and remained semi-conscious for several days.

Immediately on receipt of notification or suspicion of a case of poliomyelitis, a personal visit is paid to the home by the M.O.H. A detailed history is taken with a view to tracing if possible the source of infection. In only one case could a definite contact history be obtained. At this initial visit, advice is also given regarding preventive measures to be taken by the household.

One important point in prevention of the disease, is strict personal hygiene. This is important at all times but particularly so during epidemics, and more especially in food handlers with special reference to the housewife.

Where the case is a school child, visits are also paid to the school attended and instructions given to teachers and scholars regarding their own personal hygiene. Unfortunately, a few of the Rural Schools in the Border District are still lacking in adequate washing and sanitary arrangements which makes it difficult to carry out these instructions.

In one case, it was necessary to suspend the mother of an infected child from work in a school canteen, and in all cases it is routine to exclude family school contacts for a period of 3 weeks.

During 1953, there were 10 cases of poliomyelitis in the Border area against 5 notified in 1952. This increase of cases was part of a general increase in and around Carlisle district, e.g. some 50 cases were notified from the combined districts of Carlisle City, Wigton and Border Rural areas while the rest of the County of Cumberland remained comparatively free of the disease. The 10 cases in the Border area represented a rate of 0.33 per 1000 of population, compared with 0.11 for England and Wales.

Dysentery.

Only one case was notified, a child of 4 years. This child, the daughter of a soldier in Hadrians Camp, was found to be infected with Sonnei dysentery and on investigation it appeared that she had probably been infected at least a year previously while in Singapore. She was never acutely ill and had apparently remained a mild carrier. She was, however, treated with "Thalazole" and had two full courses before three negative stools were obtained. In this case, close liaison with the Military Medical Officer was maintained and every assistance given in the treatment of the case by the private practitioner.

One other case of a dysentery carrier was seen and kept under supervision until considered clear. This was a small child attending a school in Carlisle who was found to be a healthy carrier by Dr. Rennie, M.O.H. Carlisle City. There was, in fact, a small localised outbreak in Carlisle City and a number of

cases were found in the scholars attending this particular school. The child resided in the Border District area and was naturally dealt with as a Border case. She was not, however, ever notified.

Food Poisoning.

Two cases of salmonella infection were notified during the year—namely a boy aged 6 years and a man aged 29 years. It is interesting to note that both cases were temporary visitors to the area and both due to *Salmonella typhi-murium* organism. In the case of the boy, infection had undoubtedly occurred prior to his stay in Cumberland and in point of fact, he had left the district before the notification was received. Consultation with the general practitioner however, showed that treatment had been successful in clearing him of the infection.

The case of the young man of 29 was interesting. He was a Royal Navy Petty Officer who had visited a farm in the Border area and on return to his unit in the South of England developed symptoms which eventually were diagnosed as paratyphoid fever. He was admitted to a Naval Hospital and after treatment was discharged from hospital on sick leave and returned to the same farm in Cumberland for a short stay. Immediately on arrival, he consulted a local doctor owing to recurrence of symptoms, and was admitted to hospital where eventually it was found that he had enteritis due to *Salmonella typhimurium*. On investigation by myself, it was found that on his first visit to the farm, he had been bitten by a mouse and it was within three days of this that he developed his first symptoms which necessitated his admission to the Naval Hospital. As a matter of interest, I obtained a mouse from the farm and on examination, the same organism was isolated from the mouse.

Puerperal Pyrexia.

Only one case of puerperal pyrexia was notified during the year and this patient was treated at home.

It must be realised that the definition of puerperal pyrexia does not necessarily mean that the

patient is suffering from any acute infectious condition, hence the treatment of many cases at home and tendency not to notify.

Meningococcal Meningitis.

Only one case was notified and confirmed bacteriologically and related to a young soldier admitted from C.A.D. Longtown to the Infectious Diseases Hospital. He made a complete recovery and was discharged within a fortnight.

Erysipelas.

The only case of Erysipelas related to a male of 77 years who was admitted to the Infectious Diseases Hospital for treatment. He was discharged home in nine days.

Smallpox.

No case of Smallpox or known contacts occurred in the area.

On the 14th March, 1953, notice was received from the Ministry of Health of a case of Smallpox in the West Riding of Yorkshire, and this was followed up on the 24th March by a statement showing that 11 cases with 2 deaths had occurred in Yorkshire and Lancashire, presumably from this original case. Eventually, over 28 cases with 7 deaths occurred in Yorkshire and Lancashire as a result of this outbreak.

In view of the possibility of the spread of Smallpox to other areas, I considered it advisable to offer vaccination or re-vaccination to the members of the Public Health Staff. As a result of this offer, 35 members of the Border Rural Staff were vaccinated by myself. This number included all members of the Public Health and Water and Sewerage Staff who would be at risk had an outbreak of Smallpox occurred in the Border area.

Diphtheria.

It is again pleasing to report that no case was notified during the year, and it is now 5 years since the last case occurred and seven years since the last

death was recorded. As pointed out in the 1952 Report, the continued freedom from Diphtheria in the country generally is entirely due to the prophylactic immunisation campaign which has been maintained since 1940. It was also stressed in my 1952 Report that every effort should be made to maintain as high a level as possible of immunisation at all times. It is realised now that not only should a child be immunised before the age of one but that re-immunisation should be carried out at 4—5 year intervals up to the age of 10. While it is the aim of all Medical Officers to carry out this work, it was unfortunately impossible to do so during the whole of 1953 owing to the outbreak of poliomyelitis in the Carlisle, Wigton and Border Rural areas. From June until November, practically no immunisations were carried out in the Border area and this is reflected in the lower figures of those immunised during 1953 as compared with previous years.

Primary Innoculations:

(a) Children up to 4 years ... 283

(b) Children 5—14 years ... 40

Re-Immunisations or "Boosters" ... 345

In the Country as a whole, the incidence of Diphtheria continues to fall as the following table clearly shows:

Year	England & Wales		Border District	
	Notifications	Deaths	Notifications	Deaths
1944	23,199	934	28	3
1945	18,596	722	14	1
1946	11,986	472	8	1
1947	5,609	244	—	—
1948	3,575	156	3	—
1949	1,890	84	—	—
1950	962	49	—	—
1951	664	33	—	—
1952	376	32	—	—
1953	240	24	—	—

TUBERCULOSIS.

The following table gives particulars of new cases notified and of deaths from Tuberculosis during 1953.

AGE	New Cases.				Deaths.			
	Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
	M.	F.	M.	F.	M.	F.	M.	F.
0 — 1 year	—	—	—	—	—	—	—	—
1 — 5 years	1	—	1	—	—	—	—	—
5 — 15 years	1	1	1	1	—	—	—	—
15 — 25 years	—	4	4	2	—	—	—	—
25 — 35 years	7	4	—	1	—	—	—	—
35 — 45 years	4	3	1	—	—	—	—	—
45 — 55 years	5	1	—	—	—	1	—	—
55 — 65 years	5	1	—	1	1	—	—	—
65 and upwards	2	—	1	—	—	—	1	—
TOTALS	25	14	8	5	1	1	1	—

In the above total of 52 notified cases, 13 refer to inward transfer cases, i.e. cases previously notified in other districts but who moved into the Border area during the year.

Five others were notified as a result of visits to the Mass Miniature Radiography Unit, further proof of the value of this service as a means of discovering new cases, usually, but not necessarily, at an early stage of the disease.

I would also point out that 10 of the total were notified from Garlands Hospital although only 2 related to patients belonging originally to the Border district. More than half, however, had been inmates of Garlands for a considerable number of years prior to notification.

According to the Registrar General's figures, there were 4 deaths from Tuberculosis, but I can only trace 3 such deaths—2 pulmonary, (a male aged 64 years and a female aged 45 years) and one male non-pulmonary aged 74 years. This gives a death rate from Tuberculosis (all forms) of 0.09 per 1000 of the population compared with a rate of 0.20 for England and Wales.

The following table gives the number of cases on the Tuberculosis Register at the end of 1953.

	Males	Females	Total
Pulmonary ...	100	73	173
Non-Pulmonary ...	21	21	42
All forms of Tuberculosis	121	94	215

These figures are undoubtedly on the high side as I feel that certain cases could be removed as recovered or for other reasons.

As stated in the 1952 Annual Report, the Mass Miniature Radiography Service began to operate in the area during 1951.

During 1953 the policy of revisiting certain large industrial concerns as well as definite areas was continued and visits were paid to the following places:

C.O.D. & C.A.D., Longtown	March, 1953.
Longtown Public Sessions held at	
Memorial Hall	March, 1953.
14 M.U., R.A.F. Kingstown	October, 1953.
Brampton Public Sessions held at	
Central Hall	December, 1953.

In all, a total of 2,882 members of the public were thus x-rayed, and as previously stated, 5 new cases of active tuberculosis discovered.

In addition to the above visits, the Unit held Public Sessions at least twice a year at its centre in Brunswick Street, Carlisle. Advantage was taken of these sessions by arranging for members of Border Council Staff from Victoria Place to attend for x-ray. During October, 1953, 31 members of the staff were thus x-rayed, and one of the 5 new cases mentioned above was discovered in this manner.

Dr. W. H. Morton, the Medical Director of the Unit, hopes to increase the number of visits paid to individual industrial concerns in the area during 1954.

It cannot be too strongly urged that everyone should take advantage of this excellent service and pay a yearly visit to the Unit.

**National Assistance Act, 1948—Section 47.
National Assistance (Amendment) Act, 1951.**

During the year, four old people were reported to me as in need of care and attention under the above Act. I visited all four and am glad to report that three were persuaded to accept the accomodation offered in institutions at Wigton and Penrith, while the fourth agreed to go into hospital. It was not necessary, therefore, to resort to statutory powers.

REPORT OF THE CHIEF SANITARY INSPECTOR AND HOUSING OFFICER.

For the Year Ending 31st December, 1953.

To the Border Rural District Council.

Mr. Chairman, Ladies and Gentlemen:

I beg to submit my Twentieth Annual Report:

NOTICES SERVED.

The number of Notices served during the year was:—

			Formal	Informal
Public Health Acts	...	...	5	41
Housing Acts	...	...	14	—
Food and Drugs Acts	...	...	—	—
Prevention of Damage by Pests				
Act	...	...	1	—
			—	—
			20	41
			—	—

HOUSING.

New Buildings.

The number of houses erected by the Council during the year is disappointing and falls far short of that built in previous years, due entirely to circumstances outside the control of the Council or Officials.

When preparing the post war housing programme it was appreciated that water supply difficulties would have to be overcome, particularly in the western part of the district before any large scale building could be undertaken and the programme was phased accordingly. Unforeseen difficulties, however, arose which caused considerably longer delay than was at first anticipated with the consequent delay in commencing building operations. Satisfactory progress is however now being made and there is good reason to believe that 1954 will see a considerable increase in the number of houses completed.

During the year, 38 houses were provided by the Council. In addition, 25 houses were completed under private building licences.

The following table gives details on the 31st December, 1953:

PLACE				No. in course of erection	No. erected.
Longtown	...	...	...	24	32
Hayton	...	...	...	—	6
Burgh-by-Sands	...	...	...	2	—
Low Moorhouse	...	...	...	2	—
Low Crosby	...	...	...	14	—
Dalston	...	...	...	28	—
				70	38
Under Building Licences				35	25
GRAND TOTAL				105	63

Housing Act, 1949 — Improvements to Houses.

As the provisions of improvement grants are becoming more widely known, an increasing number of applications is being received.

Arising out of experience gained in administering the provisions of the Act, it was considered advisable to endeavour to prepare a formula which would assist in dealing with prospective applicants and also guide the appropriate Committee when considering proposals, and it was finally decided that proposals be classified as follows:—

Category 1.—Conversion of an existing building into two or more dwellings or the conversion of two or more small dwellings into one suitable house where the resulting accommodation per house will not generally be more than 1,500 super feet, save in special circumstances, the grant to be 50% of the approved expenditure.

Category 2. — Where building is required to provide additional accommodation and/or amenities and the resulting accommodation per house will not generally be more than 1,500 super feet, save in special circumstances, the grant to be 50% of the approved expenditure.

Category 3.—(a) Proposals for the provision of amenities in cases where the house is otherwise fit in all respects.

(b) Proposals for the provision of amenities where in addition structural alteration and/or other works are necessary, the grant shall range from 25% to 50%.

The following work was carried out in 1953:

Applications received — 22 in respect of 23 houses.

Application approved — 20 in respect of 21 houses.

Value of works of improvement approved—£11,283.

Value of grants approved — £5,297.

Improvements completed during year — 12.

Housing Act, 1936 — Section 11.

The policy of the Council in dealing with individual unfit houses as they become vacant has been continued and 14 houses were represented and appropriate action taken.

The question of dealing with unfit houses occupied by elderly people at low rents is still a problem and the only solution appears to be either making another attempt at building, or purchasing suitable property and improving it with assistance under the 1949 Housing Act.

Drainage and Water Closets.

The number of new drainage systems installed and water closets provided in place of earth closets, privies, etc. is 61: 22 of these are drained to the Council's sewers and 39 to cesspools. In addition 34 systems draining to cesspools have been connected to the Council's sewers.

Water Supplies.

The number of existing houses provided with a water supply from the Council's mains is 108.

Camping Sites and Moveable Dwellings.

There are three camping sites licensed under Section 269 of the Public Health Act, 1936. These have been conducted satisfactorily during the year.

In addition, 25 licences were issued to station moveable dwellings.

Moveable dwellings are still used mainly by persons who have housing difficulties, whereas before 1939, they were used chiefly for recreation and holidays. The Council have, therefore, adopted a system of annual licensing so that a reasonable standard of repair and sanitation can be enforced.

INSPECTION AND SUPERVISION OF FOOD

Milk and Dairies Regulations.

8 distributors of milk are registered under the Milk and Dairies Regulations, 1949, 5 of which have premises outside the district. These distributors sell milk in the more populous parts of the district; elsewhere milk is sold by numerous producer-retailers, over whom the Council has no control.

Under the Milk (Special Designations) Regulations, 1949, the following licences were issued:—

Dealers' Licences—Tuberculin Tested	...	2
Dealers' Supplementary Licences — Tuberculin Tested	... ..	2
Dealers' Licences — Pasteurised	... ..	1
Dealers' Supplementary Licences — Pasteurised	... ..	2

Ice Cream.

Ice Cream is manufactured and retailed at two premises and retailed only at 29 other premises within the district.

Slaughter Houses.

No slaughtering takes place within the district, meat being supplied from the Public Slaughter House in Carlisle. 9 former slaughter houses, however, are used in connection with retail butchers' businesses, and visits continue to be made.

Food Unfit for Human Consumption.

The following foodstuffs were condemned in shops and stores:—

Corned Beef	...	...	...	24 lbs. 12 oz.
Frozen Beef	...	...	...	201 lbs.
Canned Chopped Pork	...	...	...	4 lbs.
Margarine	...	...	...	126½ lbs.

Knackers' Yards.

There are two Knackers' Yards in the district. Regular inspections were made, and on all occasions, they were found to be conducted in a satisfactory manner.

Prevention of Damage by Pests Act—Rodent Control.

The Council's part-time operator has carried out treatments at private properties and the Council's refuse tips and sewers during the year, as well as at schools and institutions belonging to the County Council, and in addition, carries out inspections under the Fencing of Ricks Regulations. In the latter respect, I would point out that threshing contractors and farmers could be more co-operative.

Refuse Collection.

There has been no appreciable alterations or additions to the collecting areas, but each year sees a steady addition to the number of houses collected.

Requests have, however, been received to extend the service into the more remote parts of the district, but so far, the Council have not agreed to do so.

The vehicles at present used, i.e. two 10 cubic yard and one 7 cubic yard, are now taxed to capacity and it is going to be increasingly difficult if not impos-

sible to meet the needs of the present areas of collection — let alone extensions — without either increasing the fleet or the size of vehicles.

I have given the matter very careful consideration and have also collected some information on the subject. The two major points to be borne in mind are (1) the efficiency of the system and (2) the cost, and both are closely related to the type of vehicles employed, their maintenance, and the system and frequency of collection and disposal.

The system employed since the inception of the service is what is known as the "Kerb side" collection, i.e. householders place their bins on the highway and remove them after they are emptied.

Bins are emptied weekly over the largest part of the area, the exceptions being Longtown, Brampton and Hadrians Camp where a twice weekly collection operates. In a large scattered area such as this, long runs to the tips are in some cases inevitable, but these should be reduced to a minimum and the "runs" arranged in such a way as to eliminate as far as possible vehicles doing long journeys while empty.

I have, therefore, come to the conclusion that the only way to maintain the present service, and may be possibly to increase the area to a limited extent, is to replace the present vehicles with ones of much larger carrying capacity. With this in view, I am arranging for demonstrations to be given under working conditions, the results of which will be eventually reported to the appropriate Committee.

12 tips are in use at present. The old tip at Longdyke, Castle Carrock has been closed and a new one opened nearby. Linstock tip has been closed and a new tip at Crosby Moor will be brought into use in 1954.

STATEMENT OF EXPENDITURE AND RECEIPTS FOR REFUSE COLLECTION AND SALVAGE.

Year Ended, March 31st, 1954.

EXPENDITURE:	£	s	d	£	s	d
Wages	3,436	11	8			
Refuse Tips, Rents and Main- tenance	119	19	4			
Vehicles	2,342	4	7			
Protection Clothing, etc. ...	118	18	2			
Advertising	2	17	9			
Scotby Depot	467	0	0			
Other Expenses	82	6	0			
				6,569	17	6

RECEIPTS:

Sale of Salvage	44	7	6			
Miscellaneous Income	52	6	9			
				96	14	3
				<u>£6,473</u>	<u>3</u>	<u>3</u>

The weight of salvage collected is as follows:

	Tons.
Paper	5 2 2
Scrap Metal	4 7 1
	<u>9 9 3</u>

As reported last year, the disposal of waste paper was virtually impossible, and it was not until the end of the year under review that a market was found and it is hoped next year will show some improvement.

MINISTRY OF HEALTH STATISTICAL TABLE.

1.	Inspection of Dwellinghouses during the year:—	
(1)	(a) Total number of dwellinghouses inspected for housing defects (under Public Health or Housing Acts)	512
	(b) Number of inspections made for the purpose	640
(2)	(a) Number of dwelling houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925 and 1932	—
	(b) Number of Inspections made for the purpose	—
(3)	Number of dwelling houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	14
(4)	Number of dwelling houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation	52
2.	Remedy of defects during the year without Service of Formal Notices:	
	Number of defective dwelling houses rendered fit in consequence of informal action by the Local Authority or their officers	37
3.	Action under Statutory Powers during the year:	
(a)	Proceedings under Sections 9, 10 and 16 of the Housing Act, 1936	—
(1)	Number of dwelling houses in respect of which notices were served requiring repairs	—
(2)	Number of dwelling houses which were rendered fit after service of formal notices:	
	(a) By owners	—
	(b) By Local Authority in default of owners	—
(b)	Proceedings under Public Health Acts:	
(1)	Number of dwelling houses in respect of which notices were served requiring repairs	5
(2)	Number of dwelling houses in which defects were remedied after service of formal notices:	
	(a) By owners	5
	(b) Local Authority in default of owners ...	—
(c)	Proceedings under Sections 11 and 13 of the Housing Act, 1936:	

(1) Number of dwelling houses in respect of which Demolition Orders were made	...	...	...	3
(2) Number of dwelling houses demolished in pursuance of Demolition Orders	...	...	...	2
(3) Closing Orders made	...	...	...	1
(d) Proceedings under Section 12 of the Housing Act, 1936:				
(1) Number of separate tenements or underground rooms in respect of which Closing Orders were made	...	...	...	—
(2) Number of separate tenements or underground rooms in which Closing Orders were determined, the tenement or room having been rendered fit	...	...	...	—
4. Housing Act, 1936—Part IV. Overcrowding:				
(a) (i) Number of dwellings overcrowded at the end of the year	...	...	...	48
(ii) Number of families dwelling therein	...	...	...	60
(iii) Number of persons dwelling therein	...	...	...	296
(b) Number of new cases of overcrowding reported during the year	...	...	...	10
(c) (i) Number of cases of overcrowding relieved during the year	...	...	...	11
(ii) Number of persons concerned in such cases	...	...	...	44

Summary of Inspections and Visits.

Houses inspected under Housing Acts and Public Health Acts	...	...	...	...	...	...	238
Houses inspected re proposals for reconditioning	...	...	...	...	...	...	34
Houses inspected re dirty conditions	...	...	...	...	...	...	8
Houses inspected re water supply	...	...	...	...	...	...	18
Houses inspected under Housing Act, 1949 re Improvement Grants	...	...	...	...	...	...	135
Nuisances	...	...	...	...	...	...	74
Existing drainage systems	...	...	...	...	...	...	29
Proposals for new drainage works	...	...	...	...	...	...	80
New drainage works inspected and tested	...	...	...	...	...	...	128
Inspections under Prevention of Damage by Pests Act	...	...	...	...	...	...	10
Piggeries	...	...	...	...	...	...	7
Disinfections	...	...	...	...	...	...	4
Infectious Diseases enquiries	...	...	...	...	...	...	6
Water Courses	...	...	...	...	...	...	32
Tents, Vans and Camping Sites	...	...	...	...	...	...	38
Refuse Tips	...	...	...	...	...	...	93
Investigating refuse collecting complaints	...	...	...	...	...	...	15
Dangerous Buildings	...	...	...	...	...	...	4
Public Conveniences	...	...	...	...	...	...	8
Factory Acts	...	...	...	...	...	...	6
Squatters' Accommodation	...	...	...	...	...	...	15
Food Premises	...	...	...	...	...	...	14
Ice Cream Premises	...	...	...	...	...	...	8
Milk and Dairies Regulations	...	...	...	...	...	...	1
Milk Samples	...	...	...	...	...	...	—
Shops Act	...	...	...	...	...	...	7
Knackers' Yard	...	...	...	...	...	...	3
Water Samples — Bact. Ex.	...	...	...	...	...	...	122
Chemical Analysis	...	...	...	...	...	...	1
Council Houses Repairs, etc.	...	...	...	...	...	...	546
Council Property	...	...	...	...	...	...	17
Petroleum Spirit Regulations	...	...	...	...	...	...	7
Building Licensing	...	...	...	...	...	...	5
Visits paid to housing applicants	...	...	...	...	...	...	287
Disinfestation	...	...	...	...	...	...	17
Miscellaneous	...	...	...	...	...	...	28

I am,

Your obedient Servant,

JOHN S. WATSON,

. Chief Sanitary Inspector.



